

**ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS**5060 North 19th Avenue, Suite 209

Phoenix, Arizona 85015

(602) 589-8352

FAX: (602) 589-8354

www.occupationaltherapyboard.az.gov**DIRECT SUPERVISION AGREEMENT FOR A LIMITED PERMIT****Applicant:**

Name	Last	First	Middle
Other names used	Maiden	Also Known As – AKA	
Home address	Number/Street	City	State Zip code
Telephone Number	Home	Work	Cell

Name of Employer	Employer Phone Number	State	Zip code
Employer Address	Number/Street	City	State Zip code

Supervising OT/L:**RESPONSIBILITIES OF DIRECT SUPERVISION BY AN OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT:**

- A person who holds a limited license is authorized to practice occupational therapy while under the direct supervision of a licensed occupational therapist or an occupational therapy assistant.
- The supervising occupational therapist or occupational therapy assistant is responsible for all patient care provided by the person holding a limited license and shall remain on the premise at all times while providing occupational therapy services.
- All client records, treatment plans, and progress notes shall be co-signed by the occupational therapist or occupational therapy assistant.
- Any change requires that a new Direct Supervision Agreement be completed, signed and submitted to the Board within five days of change.
- The occupational therapist or occupational therapy assistant shall complete, sign and mail this completed form directly to the Board.

Direct Supervising Occupational Therapist

Name	Last	First	Middle	AZ License No.
Telephone Number	Home	Work	Cell	

Direct Supervising Occupational Therapist's Employer

Name of Employer		Employer Phone Number		
Employer Address	Number/Street	City	State	Zip code

Describe your direct supervision of the limited permittee (attach additional pages as necessary):

I certify the acceptance of the professional and legal responsibility of the above named limited permittee.

Signature

Date

State:_____

County:_____

**Subscribed and sworn to before me this _____ day of _____, 20____ by the
affiant, who personally appeared before me.**

My Commission expires:_____
(Official Stamp)

NOTARY PUBLIC SIGNATURE